GUARANTEE

Shall be on local government's letterhead stationery. It shall also contain original signature of Guarantor and shall be worded as indicated on proforma form CIWMB 113(2/05)

Executive Director				
California Integrated Waste Manageme	ent Board			
1001 I Street				
Sacramento, CA 95812				
Guarantee made thisDate	by	Name of Guaran	teeing Entity	herein referred to as
Guarantor, to the California Integrated				, nerom referred to us
Operator_				
operator	01	Business riddi	<u> </u>	 :
		Recitals		
Guarantor meets or exce	eds the local governm	ent financial test criteria	a and agrees to comply y	with the reporting requirements for
guarantors as specified in Title 27 Cali				
2 Ope	erator	operates the	following solid waste f	acility(ies) covered by this guarantee.
[List for each facility: solid waste info				, (,
3 "Postclosure plans" as u	sed below refer to the	nlan maintained as requ	uired by Public Resource	es Code section 43503, for the
postclosure maintenance of facilities as		pian mamamed as requ	aned by I done Resource	s code section 43303, for the
		to the plan maintained a	as required by 27 CCR,	Article 1, Subchapter 3, Chapter 3,
sections 20380 et. seq. for the facilities	s as identified above.			
5 On bahalf of	Omerator	Cyamanta	m assamentance to CIWMD	that in the arrant that
5. On behalf of	Operator	, Guaranio	og and/or corrective acti	on activities of the above facility(ies)
in accordance with the postclosure plan				
do so or pay a third party to do so, or e				
Operator	n the	amount of the applicab	ie current postciosure ar	d/or corrective action cost estimate.
6 Cusmenton somes that if	at any tima dynina an	at the and of any fiscal r	vaan hafana tannination e	of this avarantes the Cyanantar fails to
meet the local government financial te				of this guarantee the Guarantor fails to
the	st criteria, Guarantor s	man send within 90 day	s, by either registered or	certified man, notice to CTWIVID, and
	of such failure and the	at the Guarantor intends	to provide alternate fina	ancial assurance as specified in 27
CCR section 22249.5, as applicable, in				
to obtain such assurance. Within 120 of				
Guarantor shall establish such alternate				
current postclosure maintenance and/o				
current posterosure mannenance and/o	r corrective action cos	t estimate, uniess	Operator	nas done so.
7 Guarantor agrees to noti	fy CIWMR and the	Operator	hy either re	gistered or certified mail of a
voluntary or involuntary proceeding u				
commencement of the proceeding.	nder the Bankruptey	code, 11 C.S.C. Section	is 101 1330, naming Gu	rantor as debtor within ten days after
confinencement of the proceeding.				
8 Guarantor agrees that af	ter being notified by t	he CIWMR of a determi	ination that Guarantor no	o longer meets the local government
financial test criteria or that the Guaran				
Guarantor shall establish alternate fina	ncial assurance as sne	cified in sections 22249	5(e)(2) and (3) and sect	gion 22228 in the name of
Operator unless				ion 22226, in the name of
Operatorunless	Operator	nas uc	one so.	
9 Guarantor agrees to rem	ain hound under this o	marantee notwithstandi	ng any or all of the follo	wing: amendment or modification of
the postclosure plan, amendment or mo			• •	•
the time of performance of postclosure				
Code of Regulations, Division 2, Subd		ation of afteration of an	obligation of the operate	pursuant to Title 27, Camornia
Code of Regulations, Division 2, Subu	11101011 1.			
10. Guarantor agrees to rer	nain bound under this	guarantee for so long a	s Onerator	must comply with the
applicable financial assurance requirem				
by registered or certified mail to CIWN				
days after receipt of such notice by CIV				
,	,			~ · · · · · · · · · · · · · · · · · · ·

California Integrated Waste Management Board

11. Guarantor a	igrees that if	Operator	fails to provid	le alternate financial assurance as
specified in 27 CCR section	ns 22249.5(e)(2) and (3) and section 22228 after a no	otice of cancellation by Gu	arantor is received from Guarantor by
CIWMB, and the	Operator	, Guarantor shall pro	vide such alternate financi	al assurance in the name of
Operator	in the	amount or the applicable curre	nt postclosure and/or corre	ective action cost estimate.
	aives notice of amend			Operator ve action plan, and of amendments or
The parties belo Regulations, Division 2, Su			ordance with the requirem	ents of Title 27, California Code of
Effective date:				
	Name of Guara	ntor		
>	Authorized Sign	nature of Guarantor		
	Typed or Printe	d Name of Person Signing		
>	Title of Person	Signing		
	Signature of Wi	itness or Notary and Seal		

Privacy Statement

The Information Practices Act (California Civil Code Section 1798.17) and the Federal Privacy Act (5 U.S.C. 552a(e)(3)) require that this notice be provided when collecting personal information from individuals.

AGENCY REQUESTING INFORMATION: California Integrated Waste Management Board.

UNIT RESPONSIBLE FOR MAINTENANCE OF FORM: Financial Assurances Section, California Integrated Waste Management Board, 8800 Cal Center Drive, Sacramento, CA 95826. Contact the Manager, Financial Assurances Section, at (916) 255-2200.

AUTHORITY: Public Resources Code section 43600 et seq.

PURPOSE: The information provided will be used to verify adequate financial assurance of solid waste disposal facilities listed.

REQUIREMENT: Completion of this form is mandatory. The consequence of not completing this form is denial or revocation of a permit to operate a solid waste disposal facility.

OTHER INFORMATION: After review of this document, you may be requested to provide additional information regarding the acceptability of this mechanism.

ACCESS: Information provided in this form may be provided to the U.S. Environmental Protection Agency, State Attorney General, Air Resources Board, California Department of Toxic Substances Control, Energy Resources Conservation and Development Commission, Water Resources Control Board, and California Regional Water Quality Control Boards. For more information or access to your records, contact the California Integrated Waste Management Board, 1001 I Street,, Sacramento, CA 95812, (916)341-6326.